

**Application Data Sheet****Application Information**

Application number::

Filing Date::

March 16, 2004

Application Type::

Utility

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

Methods and Systems for Treatment of  
Neurological Diseases of the Central Nervous  
System

Attorney Docket Number::

P11802 (P004US)

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

7

Total Drawing Sheets::

10

Small Entity?::

Latin Name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed U.S. Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

**Express Mail Label**  
**No. EL 859 422 734 US**

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: G.  
Family Name:: Keimel  
Name Suffix::  
City of Residence:: North Oaks  
State or Province of Residence:: Minnesota  
Country of Residence:: US  
Street of mailing address:: 6 Charley Lake Court  
City of mailing address:: North Oaks  
State or Province of mailing address:: Minnesota  
Country of mailing address:: US  
Postal or Zip Code of mailing address: 55127

\* \* \* \* \*

Applicant Authority type: Inventor  
Primary Citizenship Country: US  
Status: Full Capacity  
Given Name: William  
Middle Name: F.  
Family Name: Kaemmerer  
Name Suffix::  
City of Residence: Edina  
State or Province of Residence: Minnesota  
Country of Residence:: US  
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Country of mailing address:: US  
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Representative Designation:	Registration Number:	Representative Name:
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Associate	53,514	E.E. Richards
Associate	34,982	Kenneth J. Collier

### Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

**Foreign Priority Information**

Country:	Application Number:	Filing Date:	Priority Claimed:

**Assignee Information**

Assignee name:: Medtronic, Inc.  
Street of mailing Address:: 710 Medtronic Parkway, N.E.  
  
City of mailing address: Minneapolis  
State or Province of mailing address: MN  
Country of mailing address: US  
Postal or Zip Code of mailing address: 55432

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